

# **FEE CALCULATION SHEET** (FOR USE WITH FORM PTO-875)

**10/590490**

FILING DATE

APPLICANT(S)

## **CLAIMS**

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		7				
9		7				
10		7				
11		0				
12		0				
13		0				
14		0				
15			1			
16				1		
17				1		
18				1		
19				1		
20				1		
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49						
50						
TOTAL IND.	1		1			
TOTAL DEP.	31		16			
TOTAL CLAIMS	32		17			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						